

**DEMOLITION PERMIT APPLICATION**

This application must be signed off by all required departments prior to work performed.

**LOCATION** \_\_\_\_\_

PPN \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_ Zoning District \_\_\_\_\_

Registration No. _____	
<b>OWNER</b> _____	<b>APPLICANT/CONTRACTOR</b> _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
_____	Alt. Phone _____

48 hours before you dig, call 1-800-362-2764 - Ohio Utilities Protection Service (OUPS) OUPS NO \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Requested Date of Demolition \_\_\_\_\_ Approved Date of Demolition \_\_\_\_\_

_____	_____	_____
<b>APPLICANT (print name)</b>	<b>Signature</b>	<b>Date</b>

**FEE: Contact the Building Department**

**PLEASE RETURN THIS COMPLETED FORM, REQUIRED DOCUMENTS AND PAYMENTS TO**  
Willoughby Hills Building & Zoning Department – 35405 Chardon Road—Willoughby Hills OH 44094

**DEPARTMENT NOTIFICATION:** (official's signature and date signed required)

Building Commissioner: \_\_\_\_\_

City Engineer: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Police Chief: \_\_\_\_\_

**OFFICE USE:** Recv'd \$ \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Permit # \_\_\_\_\_ Recv'd By \_\_\_\_\_ Date \_\_\_\_\_